

REPORTS OF CASES OF INSANITY FROM THE INSANE DEPARTMENT OF THE PHILA- DELPHIA HOSPITAL.

PREPARED UNDER THE DIRECTION OF W. H. WALLACE M.D., PHYSICIAN-
IN-CHIEF, AND CHARLES K. MILLS, M.D., CONSULTING PHYSICIAN.

CASE XII.—Delirium grave. (Typhomania, mania gravis, phrenitis, or acute delirium.)

Reported by Harriet Brooke, M.D., Assistant Physician.

E. K., female, aged 39 years, married; was admitted to the hospital Sept. 9th, 1886. She was an American, had a fairly good education, was a Methodist, and by occupation a maternity nurse. She was not addicted to the use of liquor. There was no history of epilepsy or insanity in her family, and none of any head injury. Her head was normal in its conformation.

The patient was brought into the hospital by several men; was raving violently and struggling, throwing her long thin arms about her in anaimless convulsive manner. According to her husband's account, this condition of excitement had come on within five days previous to her admission. She had a number of bruises about her person, chiefly located in the vicinity of the joints—as the knees and elbows—in such positions that they had probably been inflicted upon herself by the violence with which she had tossed herself about.

A physical examination was made with difficulty. Heart and lungs were found normal, and the abdominal organs were apparently healthy. Vaginal examination revealed a slight retroversion of the uterus.

Inquiry into her family history revealed the fact that her domestic life was an unhappy one; her husband drank heavily, and she had been on bad terms with her own family. Just before the attack came on, she had separated from her oldest son who was going on a journey.

A ten-grain calomel purge was given and a hypodermic injection of hyoscine hydrobromate, after which the patient slept two or three hours; but on awakening her excitement was very great. Her face, words, and gesticulations were weird and awful in the extreme. She would crouch in a corner and with a rhythmical to and fro movement of her head and one hand whisper, "death, death, death," in a most ghastly fashion, all the while looking

straight into the eyes of those about her with a piercing and terrified stare. Then in a distressed voice she would call "Jennie," after which she would declare one minute that she had murdered "Jennie," and the next that she must murder her. She then became possessed with the idea that the nurse was Jennie, and grasped her violently.

The following is a further record of the case:

Sept. 8th, 1886.—The patient was found in a condition of wild delirious excitement, the convulsive and rhythmical movements much increased and involving the whole body. There was marked retraction of the head at the same time that she tossed it from side to side. She had a small, rapid, and very feeble pulse; her temperature was taken with difficulty, and found to be 104 in the axilla; her eyelids were forcibly closed. It required the best efforts of four nurses to hold her and to restrain in some degree her violent movements.

The actual cautery was applied to the back of her neck and an ice cap to her head. Croton oil was administered internally, followed by a turpentine enema, as the bowels were obstinately constipated.

Her pulse was meanwhile rapidly growing weaker, and her condition becoming very like that which immediately precedes dissolution. She was given a hypodermic injection of ether, and in a few minutes one of digitalis and ergot, followed soon by another of ether. A large mustard plaster was applied over the heart, and before long her pulse responded to the remedies employed. The croton oil also operated effectually, and reaction was established.

The convulsive movements, though less, were still continued, and sleep seemed out of the question without a narcotic. A hypodermic injection of morphia was given, but with the result of increasing the delirium. Half an hour later a hypodermic injection of hyoscine hydrobromate was given and was followed, in a very few minutes, by a quiet sleep; but she soon lapsed again into a condition of wild excitement, not so great, however, as that which preceded the sleep. More hyoscine was then given and again she slept. The delirious excitement, retraction and tossing of the head, high temperature, rapid pulse, and sleeplessness, except when sleep was induced by hyoscine hydrobromate, continued for five days, during which time retention of urine and albuminuria were present. Her bowels were also obstinately constipated, and after the immediate effect of the croton oil had passed off were moved by enemata only.

One favorable feature in the case, however, was the fact that the woman had thus far swallowed mechanically and retained all the nourishment that was placed in her mouth. Advantage was taken of this, and she was given abundantly of eggs, milk, and beef extracts. Whenever her temperature rose to 104°, it

was reduced by the cold pack, which was resorted to several times during the progress of the disease.

The amount of hyoscine used to induce sleep was so great that it caused a very marked dryness of the throat and tongue. It was suggested that pilocarpine might correct the trouble, and one-quarter grain was given hypodermically, and in fifteen minutes more one-eighth grain, and this was followed in a very few minutes by a normal secretion of saliva, which moistened and softened the tongue effectually. The skin also became quite moist, but there was no profuse perspiration or salivation. Besides the hyoscine, which was given at night, the patient had potassium bromide, xxx. grains, every two hours throughout the day, during part of the time.

The following is a note taken on September 13th, 1886:

The patient is improving; retraction of the head is much less marked; raving and incoherent delirium have somewhat subsided, and the amount of albumin in the urine is diminished; morning temperature, 103°; afternoon, 99.4°. Hyoscine always induces sleep and thus controls the delirium.

Sept. 15th, 1886.—Bromide and hyoscine are continued. The patient is not so well; she is raving again. It was noticed that while the hyoscine produced sleep and quieted the patient for a time, yet on awakening she soon lapsed again into a state of excitement. Whether this was a secondary effect of the drug or the natural course of the disease might be a question, but it is certain that the hyoscine had no influence in preventing it.

Sept. 17th, 1886.—Bromide and hyoscine were both discontinued, and paraldehyde, fl. 3 ij. given per rectum at night.

Sept. 18, 1886.—The patient slept very well indeed after the paraldehyde enema of last night, and did not waken till this morning; she seemed much quieter and better than at any time before; she talked rationally, and both motor and mental excitement had disappeared. Temperature 98°; pulse 86°. She seemed very weak in the afternoon; she was quiet as in the morning; temperature 98.6°.

She objected to swallowing to-day, probably because her bromide was given to her in milk and she was afraid that all her food contained medicine. She was fed, therefore, by the nasal tube.

Up to this time she had had two hypodermic injections of hyoscine¹ through the night, one at 8.30 and the other when she awakened from the effects of the first, and became noisy and violent.

Sept. 23d, 1886.—The patient was rapidly convalescing; albumin has disappeared from the urine. Temperature and pulse are

¹ The preparations of hydrobromate of hyoscine are not all of the same strength. The one used in this case, bought with the understanding that it was Merck's hyoscine, was given in doses of $\frac{1}{4}$ grain. It was found not to be Merck's, and hence the large dose given. The usual dose of Merck's hyoscine is $\frac{1}{100}$, $\frac{1}{100}$ of a grain.

normal, and she has a remarkably good appetite. Her bowels are constipated; calomel and sodii bicarb. were given in divided doses.

The patient went out with her son on October 8th perfectly restored to health and reason. She came back again the latter part of November to see if she could not find employment in the house. She looked very well indeed, and the frightful mental storm through which she had so lately passed, seemed to have left no trace on her mind.

This, I believe, is a very unusual termination for delirium grave. Spitzka says of its termination: "The majority of patients afflicted with delirium grave die in the delirious period after an illness of a few weeks; the excitement continues unabated for four or five weeks. The subsequent symptoms of stupor increase and the history closes with a fatal coma. Complete recovery never occurs; in rare instances, the patients emerge from this severe disorder with a slight defect; in others, parietic and terminal dementia supervene."

Correspondence.

MARCH 16TH, 1887.

To the Editor of the Journal of Nervous and Mental Diseases.

SIR:—Since the publication of my article on "Recoveries from Insanity in cases accompanied by Hæmatoma Auris," in the February number of your JOURNAL, in which I stated that "these four cases comprise, I believe, all that have thus far been reported," my attention has been called by Dr. Wm. Noyes, Assistant Physician at the Bloomingdale Asylum, to two similar cases that were reported by Dr. Brown, of that institution, now in Europe, in the *Medical Record* of June 19th, 1886.

CARLOS F. MACDONALD.

State Asylum for Insane Criminals,
AUBURN, N. Y.
